



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E348403**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	14-01866
LOCAL AGENCY CODING	0664
TOTAL # OF UNITS	02
OBJECT STRUCK	

DATE OF COLLISION	08 - 05 - 2014	TIME (2400)	1835	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN	<input checked="" type="checkbox"/>	CITY #	0664
-------------------	-------------------------------------	-------------	-------------	----------	-----------	-------	---	----	-------------------------------------	--------	-------------

ON (PRIMARY TRAFFIC WAY) ☐ INTERSECTION ☐ NON-INTERSECTION ☒

17 ST SE BLOCK NO. ☒ **9000** MILE POST ☐

DISTANCE ☐ MILES ☐ FEET ☐ N ☐ E ☐ S ☐ W ☐

OF (REFERENCE OR CROSS STREET)

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE

LAST NAME **UNKNOWN** FIRST NAME ☐ MIDDLE INITIAL ☐

STREET NEW ADDRESS ☐

CITY ☐ ST ☐ ZIP ☐

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # ☐ STATE ☐ SEX **U** D.O.B. ☐ - ☐ - ☐

ON DUTY ☐ STATUS ☐ AIRBAG **9** RESTR. **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIES ☐

LICENSE PLATE # ☐ STATE ☐ VIN# ☐

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR ☐ MAKE ☐ MODEL ☐ STYLE ☐ VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. ☐

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO. & POLICY # ☐

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # ☐ CHARGE ☐

UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE

LAST NAME **UNKNOWN** FIRST NAME ☐ MIDDLE INITIAL ☐

STREET NEW ADDRESS ☐

CITY ☐ ST ☐ ZIP ☐

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # ☐ STATE ☐ SEX **U** D.O.B. ☐ - ☐ - ☐

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **9** EJECT **1** HELMET USE ☐ INJURY CLASS **1** NATURE OF INJURIES ☐

LICENSE PLATE # **229XMY** STATE **WA** VIN# **1B3HD56FXTF118009**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **1996** MAKE **DODG** MODEL **INTREPID** STYLE ☐ VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **SHAWNA WADE 9003 17TH ST SE LAKE STEVENS WA 98258 D: 2062889948 N: 2062889948**

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO. & POLICY # ☐

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # ☐ CHARGE ☐

OFFICER'S NAME (PRINT) **N. ADAMS #127** BADGE OR ID # **127** AGENCY **WA0311900**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E348403**

CASE # **14-01866**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

On 08/05/14 at about 1835 hours (all times approximate) the owner of vehicle 2 reported that an unknown vehicle had struck hers during the night causing damage.

Vehicle 2 was parked on the street in front of 9003 17th St SE in the City of Lake Stevens. The vehicle had a large square shaped dent bridging both doors on the passenger side consistent with having been backed into with a trailer hitch.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

N. ADAMS #127

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

08-11-14 10:57 PM

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

DATE

8/12/2014 7:41:34 AM

BADGE OR ID #	127	ORI #	WA0311900	TIME POLICE DISPATCHED	6:42 PM	TIME POLICE ARRIVED	7:17 PM
---------------	------------	-------	------------------	------------------------	----------------	---------------------	----------------

NOT OBSERVED

LAKE STEVENS POLICE DEPARTMENT

FIELD INCIDENT REPORT

CASE NUMBER 14-01866																
DATA	INCIDENT CLASSIFICATION HIT AND RUN						ADDRESS / LOCATION OF INCIDENT 9003 17 th St SE, LKS, WA 98258				PREMISES TYPE / NAME City Street					
	REPORTED ON				OCCURRED ON OR FROM				OCCURRED TO							
	MONTH 08	DAY 05	YEAR 2014	TIME 1835	MONTH 08	DAY 05	YEAR 2014	TIME 0000	MONTH 08	DAY 05	YEAR 2014	TIME 1929				
REPORTING PARTY	ADDL ON SUPP. <input type="checkbox"/>		<input type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLES		CODES: V - VICTIM W - WITNESS O - OTHERS		B - VICT BUSINESS C - COMPLAINANT G - PARENT/GUARD		D - DECEASED RO - REG. OWNER		TYPE VICTIM CODE: I - INDIVIDUAL B - BUSINESS F - FINANCIAL		G - GOVERNMENT R - RELIGIOUS S - SOCIETY / PUB		P - POLICE O - OTHER U - UNK	
	NO. V	NON-DISC.	NAME (LAST, FIRST, MIDDLE) Wade, Shawna L				RACE W	ETH	SEX F	DOB 12774	HGT 508	WGT 150	HAIR Bro	EYES Blu		
	STREET ADDRESS 9003 17th St SE						CITY Lake Stevens		STATE WA		ZIP 98258		OCCUPATION/SCHOOL			
	RESIDENCE PHONE 2062889948				BUSINESS PHONE				CELL PHONE 2062889948				SOCIAL SECURITY NUMBER			
PROPERTY	ITEM #		<input type="checkbox"/> STOLEN <input type="checkbox"/> DAMAGE <input type="checkbox"/> LOST		DESCRIPTION						MODEL #		COLOR			
	QTY		SERIAL #		ARTICLE/TYPE								EST. VALUE			
	ITEM #		<input type="checkbox"/> STOLEN <input type="checkbox"/> DAMAGE <input type="checkbox"/> LOST		DESCRIPTION						MODEL #		COLOR			
	QTY		SERIAL #		ARTICLE/TYPE								EST. VALUE			
PERSON / SUSPECT	PERSON LISTED IS: <input type="checkbox"/> MISSING <input type="checkbox"/> RUNAWAY <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> OTHER										IF RUNAWAY/MISSING OFFICER IS REQUESTING A WACIC/NCIC <input type="checkbox"/> ENTRY <input type="checkbox"/> LOCATE <input type="checkbox"/> CLEAR					
	NO.	NAME (LAST, FIRST, MIDDLE) Unknown						RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES	
	ALIAS NAME(S)						IDENTIFIERS (SCARS, MARKS OR TATTOOS)									
	STREET ADDRESS						CITY		STATE		ZIP		RES. PHONE			
	DATE OF LAST CONTACT		SOCIAL SECURITY NUMBER				OLN		PLACE OF BIRTH		BLOOD TYPE					
	MISCELLANEOUS INFO :															
	ORI/ WA0311900 VERIFY PHONE 425-407-3970															
STOLEN / VEHICLE	NO.	LICENSE NUMBER 229XMY		STATE WA	VIN / HULL NUMBER 1B3HD56FXTF118009			YEAR 1996	MAKE Dodge		MODEL Int	STYLE 4door				
	COLOR Blu	SPECIAL FEATURES / DESCRIPTION				VALUE IF STOLEN \$				REGISTERED OWNER'S PHONE 2062889948						
	REGISTERED OWNER'S NAME Wade, Shawna L				REGISTERED OWNER'S ADDRESS 9003 17 th St SE, Lake Stevens, WA 98258											
	MILEAGE		DAMAGE TO VEHICLE Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		IF YES: large dent bridging passenger side doors											
	1	2	LICENSE PLATE(S)		Y <input type="checkbox"/> N <input type="checkbox"/>		DELINQ. PAYMENT?		Stand <input type="checkbox"/> Auto <input type="checkbox"/>		TRANSMISSION		Y <input type="checkbox"/> N <input type="checkbox"/> OWNER REQUEST IMPOUND			
	Y <input type="checkbox"/> N <input type="checkbox"/>		VEHICLE LOCKED		Y <input type="checkbox"/> N <input type="checkbox"/>		THEFT INSURANCE?		Y <input type="checkbox"/> N <input type="checkbox"/>		STEREO		Y <input type="checkbox"/> N <input type="checkbox"/> EVIDENCE HOLD			
Y <input type="checkbox"/> N <input type="checkbox"/>		IGNITION KEY IN VEH		Y <input type="checkbox"/> N <input type="checkbox"/>		REGISTRATION		<input type="checkbox"/> ENTER VEHICLE LICENSE PLATE/S STOLEN		<input type="checkbox"/> ENTER VEHICLE STOLEN						
NARRATIVE	On 08/05/14 at about 1835 hours (all times approximate) Officer Bernhard and I were dispatched to a cold hit and run at 9003 17th St SE in the city of Lake Stevens.															
	The reporting party, Shawna L. Wade (01/27/74), said at about 0700 hours she noticed a large dent on the passenger side of her car (Lic: 229XMY) which bridged both doors. Shawna said the dent was not there the night before.															
	There are no witnesses, photographs or video footage identifying any possible suspect/s.															
	Due to the lack of investigative leads this case is being closed in the files of this office. This case is subject to reopening pending further information and evidence that would identify any possible suspect/s.															
SIGNATURE	MAKING FALSE REPORTS TO PUBLIC OFFICERS: (1) A PERSON COMMITS THE CRIME OF MAKING A FALSE REPORT IF HE / SHE WILLFULLY MAKES ANY UNTRUE, MISLEADING OR EXAGGERATED STATEMENT IN ANY REPORT TO A POLICE OR FIRE DEPT. (2) MAKING A FALSE REPORT IS A MISDEMEANOR. I DO NOT AND DID NOT GIVE ANYONE PERMISSION TO TAKE OR REMOVE MY VEHICLE. I CERTIFY AND DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THE FORGOING IS TRUE AND CORRECT.															
	Initial () I HEREBY GRANT PERMISSION TO SEARCH THE ABOVE LISTED VEHICLE WHEN RECOVERED. THE SEARCH MAY EXTEND TO THE ENTIRE VEHICLE.															
	Initial () I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE															
<div style="display: flex; justify-content: space-between;"> <div>SIGNATURE OF PERSON</div> <div>DATE</div> <div>LOCATION SIGNED</div> </div> <div style="display: flex; justify-content: space-between;"> <div>OFFICER NAME / NUMBER Adams #127 <i>Adams #127</i></div> <div>APPROVED BY <i>RS/DJ</i></div> <div>ENTERED</div> </div>																

LSPD
ORIGINAL

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-01866

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Wade Shauna L	RACE E	ETH W	SEX F	DOB 1/27/74	AGE 40	HGT 5'10"	WGT 150	HAIR BRN	EYES BLU
STREET ADDRESS 9005 17th St SE		CITY Lake Stevens			STATE WA	ZIP 98128	RES. STATUS			
HOME PHONE 206 288 9948		CELL PHONE 206 288 9948			PLACE OF EMPLOYMENT Self					
WORK PHONE		EMAIL ADDRESS Shawnawade74@gmail.com								

I, Shauna Wade, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

noticed this morning (7am) Large dent in passenger and back door on street side of my Dodge Intrepid. was not there the night before.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Shauna Wade</u>	DATE SIGNED 8/5/2014	LOCATION SIGNED Home
OFFICER/NUMBER: <u>Adams #127</u>	DATE SIGNED 8/5/2014	LOCATION SIGNED Lake Stevens

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>Adams #127</i>		Case Number <i>14-01866</i>	
Type of Crime: Felony / <u>Misdemeanor</u> (Circle)		Type of Case: <i>Hit & Run</i>		Date/Time: <i>8/5/14 2301</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			

Item # <i>NA 1</i>	Item <i>CD with pics</i>		Brand Name <i>Compu Cessory</i>		Storage Location	Disposition	
	Brand/Model/Caliber <i>(Further Description)</i>						
	Action # <i>3</i>	Serial #	Where Found <i>9003 17th & SEAKS</i>	Weight of Narcotic			
Owner's Name <i>LSPD</i>					Address City State Zip Phone #		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>#127</i>							

Item #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber <i>(Further Description)</i>						
	Action #	Serial #	Where Found	Weight of Narcotic			
Owner's Name					Address City State Zip Phone #		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

Item #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber <i>(Further Description)</i>						
	Action #	Serial #	Where Found	Weight of Narcotic			
Owner's Name					Address City State Zip Phone #		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

Item #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber <i>(Further Description)</i>						
	Action #	Serial #	Where Found	Weight of Narcotic			
Owner's Name					Address City State Zip Phone #		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

Item #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber <i>(Further Description)</i>						
	Action #	Serial #	Where Found	Weight of Narcotic			
Owner's Name					Address City State Zip Phone #		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

Item #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber <i>(Further Description)</i>						
	Action #	Serial #	Where Found	Weight of Narcotic			
Owner's Name					Address City State Zip Phone #		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

LSPD
ORIGINAL

Evidence Control Use Only:				
Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

Incident History for: #SS14015284

Case Numbers: \$SS14001866

Received 08/05/14 18:35:08 BY SPCT07 SP0112
Entered 08/05/14 18:36:37 BY SPCT07 SP0112
Dispatched 08/05/14 18:42:55 BY SPDP17 SP0224
Enroute 08/05/14 18:42:55
Onscene 08/05/14 19:17:13
Closed 08/05/14 19:29:15

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 3 Dispo: H

Police BLK: SS003 Fire BLK: AG1418 Map Page: 397E-3 Group: SS1 Beat: SOUT

Src: 9

Loc: 9003 17 ST SE , LKS btwn 89 DR SE & 91 AV SE (V)

Latitude: (+) 47.979902 Longitude: (-) 122.130096

Loc Info:

Name: WADE, SHAWNA

Addr:

Phone: 2062889948

/1836 (SP0112) ENTRY , CC COLD HIT AND RUN TO PARKED VEH SUS INFO
/1837 (SP0224) VIEWED
/1842 DISPER 19R1 #SS131 WELLS, OFCR (CHAD)
/1843 \$PREMPT 19R1
/1843 HOLDC
/1908 DISPER 19N3 #SS120 BERNHARD, OFFICER (KERRY)
#SS127 ADAMS, OFFICER (NATHAN)
/1917 ONSCNE 19N3
/1926 ASNCAS 19N3 \$SS14001866
/1929 CLEAR 19N3 D/H
/1929 CLOSE 19N3

LSPD
ORIGINAL